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ABSTRACT

Implications of P.L. 94-142 (the Education for All Handicapped Children Act) for individualized education programs (IEPs) for homebound/hospitalized students are examined. Difficulties in Florida's interpretations of the IEP regulations are cited, and the general trend of overly elaborate IEPs is noted. Special considerations with homebound/hospitalized children include the fact that the students are ill or injured and are rarely in the program on an annual basis. (CL)

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REALISTIC APPROACHES

TO

WRITING INDIVIDUAL EDUCATION PROGRAMS

FOR

HOMEBOUND/HOSPITALIZED

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REALISTIC APPROACHES TO WRITING INDIVIDUAL EDUCATION PROGRAMS

When the Education for All Handicapped Act of 1975 was amended by Public Law 94-142, many changes in exceptional student education and reporting measures occurred. Five years later, interpretations of the law and its subsequent statutes and regulations abound. Questions are many and answers are diverse. State Departments frequently say ask the "Feds", and the Federal Departments say that the answers are available at the State level. Therefore, we who are directly involved with the day to day operation of providing instruction to homebound/hospitalized students are faced with decision making and interpretation of the reality of the intent of the legislation which is "...to assure that all handicapped children have available to them... a free appropriate public education and related services designed to meet their unique needs, to assure that the rights of handicapped children and their parents or guardians are protected, to assist States and localities to provide for the education of all handicapped children, and to assess and assure the effectiveness of efforts to educate handicapped children".

One of the aspects of education of handicapped children that has posed many questions and far too many answers, is the preparation of IEPs (Individual Education Programs). In determining how this affects the instruction of homebound/ hospitalized students, we need to examine what the law says,

some of the recent interpretations of the law, and what can be done on the local level in the understanding and application of the law.

In P. L. 94-142, Part A, Section 602, the term "individualized education program" is defined as:

> a written statement for each handicapped child developed in any meeting by a representative of the local educational agency or an intermediate educational unit who shall be qualified to provide, or supervise, the provision of, specially designed instruction to meet the unique needs of handicapped children, the teacher, the parents or guardian of such child, and whenever appropriate, such child, which statement shall include (A) a statement of the present levels of educational performance of such child, (B) a statement of annual goals, including short-term instructional objectives, (C) a statement of the specific educational services to be provided to such child, and the extent to which such child will be able to participate in regular educational programs, (D) the projected date for initiation and anticipated duration of such services, and appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether instructional objectives are being achieved.

Regulations of P. L. 94-142, Section 121a.340-121a.349 of Subpart C, further stated the State Education Agency insures that each public agency develops and implements an IEP. Also, they stated the role of the private or parochial school in IEP development. The regulations stated that IEPs were to be in effect October 1977, and at the beginning of each school year thereafter. IEPs are to be in effect before special education or related services are provided, and are to be implemented as soon as possible.

Thus, in homebound/hospitalized instruction, we have been

presented with several dilemas. Rarely are students in our programs on an annual basis, and the law does not clearly state whether or not students who are homebound/ hospitalized, and not otherwise identified as exceptional students, need to have IEPs. (See terms for definition of handicapped.) In Florida, however, it has been determined that Homebound/Hospitalized Programs are Exceptional Student Education Programs and will comply with P. L. 94-142.

In the beginning of the implementation of P. L. 94-142, the State interpretation of the legislation led to the development of elaborate Individual Education Programs that ranged upward to forty-eight pages, with the majority being about four to six pages long. Evidence is that we, at least in Florida, have gone much further in the development of IEPs than federal legislation ever intended.

On November 5, 1979, The Department of Health, Education, and Welfare, Bureau of Education for the Handicapped, issued a Draft Policy paper on Individualized Education Programs. It was written to respond to policy issues and concerns regarding the IEP requirements and to clarify those requirements. At that time, BEH was aking for review and comments prior to issuing a final policy paper, which has not as yet been made available at the local level. At present, the draft policy paper appears to be the most comprehensive interpretation available.

In this policy paper, IEPs are spoken of as "management tools", "compliance documents", "extensions of procedural protections", "written commitments of resources", and "communication vehicles". It is stated that the IEP provision has two main parts: (1) the IEP meeting, and (2) the document itself. The point is made that the federal requirements can be exceeded by the state requirements if the state so desires, but the basic provisions set forth by the legislation must be followed.

In the "meetings" provision of the law (§ 121a.343) it states "the public educational agency involved is responsible for initiating and conducting meetings for the purpose of developing, reviewing and revising a handicapped child's IEP." For those children previously identified, the IEP should be developed by October 1st. For others who enter later, a meeting must be held within 30 calendar days of a determination that the child needs special education and related services, but must be developed before that child receives special education and related services. Florida had originally interpreted that to mean that any student that would not be homebound/hospitalized for over 30 days would not need an IEP; however, further clarification seems to invalidate that. The current understanding is that each homebound/hospitalized student must have an IEP developed before instruction can begin. The IEP meeting is to include the representative of the education agency, the child's teacher or appropriate person, parent or quardian, and child, where appropriate.

Content of the IEP is dealt with in § 121a.346, which lists the expected components of the IEP as (1) present level of educational performance, (2) annual goals, to include short-term instructional objectives, (3) specific special education and related services, and the extent of participation in regular education programs, (4) initiation and expected duration of services, and (5) objective criteria and evaluation procedures and schedules for determining, at least annually whether or not short-term objectives are being achieved.

It is important to note that the IEP statements that are made do not require that any agency, teacher, or other person be held accountable if the child doesn't reach the stated goals/objectives. The IEP does not guarantee rates of progress; however, the IEP is to be written in good faith with goals/objectives as realistic as possible. The parent retains the right to complain, ask for revision , or invoke due process procedures if not satisfied with the IEP.

If we are to view the content of an IEP as a "management tool" and a "compliance document", and not as an instructional plan, as was the former interpretation, then it becomes possible to understand that IEPs can and must be written before the provision of special education and related services. Even though IEPs are to contain annual goals and short-term ofjectives, in the light of our recent inter-

pretations, it appears IEPs are to be relatively short statements of:

--- what is needed (programs, services, resources)

--- who will provide it

--- when will it begin and end

--- what will be the anticipated results

--- how will they be measured

These statements are to be mutually agreed upon by the provider (LEA) and the receivers (parent, child). IEPs should not be confused with instructional plans that may be developed later --- plans upon which the entire curriculum adaptations for a particular child might be spelled out. Detailed instructional plans cannot be written, especially in the case of homebound/hospitalized children, before the child is a part of his/her new educational environment. IEPs, have become, in many cases, virtual lesson plans. This is not the intent of the law. Rather, a generalized, anticipated program which should be able to be expressed in one or two, but not more than four pages, appears to be what is required at the federal level. Anything more is at state or local discretion.

Actually, the publishing industry, surely without intent, has fostered the concept of elaborate IEP development. A recent literature and materials search by the Florida Bureau of Education of Exceptional Students (BEES) has resulted in a bibliography of 5(or more publications relating to assessment, resource materials, training, and curriculum

guides for IEP development. Perhaps the materials should have been identified as tools for developing individual instruction strategies to be utilized after placement. Materials of this nature are certainly a part of instructional planning and establishment of the goals/objectives of a handicapped child's education, but not as necessary materials to be utilized in the development of IEPs written before the receipt of special education or related services, for the most part.

In Florida, in the various school districts, staffing and IEP development vary greatly according to local interpretation, needs of that school community, and type of homebound/hospitalized program being administered. In many districts (counties) this format, or an approximation thereof, is followed. In the application for Homebound Program services, parents request home or hospital instruction. In so doing, they indicate their desire for this type of special educational placement for their child. The physician indicates a medical need for the services. The LEA representative incates that all other requirements have been met. At that point, Florida State Board Rules allow an informal staffing without formal meeting, usually done by telephone. The IEP is then written by the homebound teacher and taken to the home or hospital for changes, additions or approval by the parent. If there were any agreement that could not be resolved, then a formal meeting would occur, and if necessary,

due process proceedings would begin. Those children with already identified long-term or permanent handicapping conditions would have a Homebound/Hospitalized Program IEP based upon an adaptation of the IEP already written for this student in his/her special education classes. This adaptation would be reviewed by the parents, teachers (classroom and homebound), and the LEA before implementation.

After the home/hospital teacher has been with the student for 2 weeks, our district procedures require an instructional plan that lists more specific short-term goals/objectives, materials to be used and evaluation criteria for the length of time the student will be enrolled, or every 9 week grading period, whichever is less. The basic IEP, however, remains the same unless there is significant change in the child's planned program (IEP).

In programs for homebound/hospitalized students, the attempt is made to comply with the law in every way possible, while keeping in mind that the children with whom we are working are ill or injured and the parent has to be at home or at the hospital and may not be free to meet in the traditional way. If procedures that are adapted are done for the benefit and convenience of the parent and child and every protection is given that their rights are not abrogated, it is hopeful that a somewhat liberal interpretation of the law will not be challenged.

DEFINITION OF TERMS

(Note: Section 602 of Public Law 94-142 has a more complete definition of terms. Below are those most commonly involved with provision of services through programs for the homebound/hospitalized.)

HANDICAPPED CHILDREN - (P. L. 94-142)

---Mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired children, or children with specific learning disabilities, who by reason thereof, require special education and related services. Regulation § 121a.5 adds deaf-blind and multi-handicapped. Section 504 of the Vocational Rehabilitation Act of 1973,(84.3) defines a handicapped person as any person who has a physical or mental impairment which substantially limits one or more life activities, has a record of such impairments, or is regarded as having such an impairment.

FAPE - Free Appropriate Public Education

IEP - Individualized Education Program - a written statement for each handicapped child developed in any meeting by a representative of the local educational agency or an intermediate educational unit, who shall be qualified to provide or supervise the provision of specially designed instruction.

TERMS (continued)

LEA - Local Educational Agency

LRE - Least Restrictive Environment

RELATED SERVICES -

---transportation, developmental, corrective, supporting services (i.e., speech pathology and audiology, psychological services, physical and occupational therapy, recreation, medical and counselling services for diagnostic purposes, early indentification and assessment of handicapping conditions) as may be required to assist a handicapped child to benefit from special education.

SEA - State Educational Agency

SPECIAL EDUCATION - (P. L. 94-142, Statutes 602(16) specifically designed instruction at no cost to the parents or guardians to meet the unique needs of a handicapped child including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals or institutions.